Revision: HCFA-AT-81-34 (BPP)

10-81

MISSOURI State

Citation

Prohibition Against Reassignment of 4.21 Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

Supersedes TN #

Approval Date 12-30-31 Effective Date 10-1-81